

**ALAMEDA COUNTY CONGESTION MANAGEMENT AGENCY  
CMA TRANSPORTATION IMPROVEMENT PROGRAM (CMA TIP)  
FUND TRANSFER AGREEMENT**

This **AGREEMENT** is made on \_\_\_\_\_, between the Alameda County Congestion Management Agency (hereinafter “CMA”), and the (hereinafter “SPONSOR”).

**SECTION 1. PURPOSE OF AGREEMENT**

The purpose of this **AGREEMENT** is to specify the terms and conditions for reimbursement from the CMA to SPONSOR with funds made available from the CMA Transportation Improvement Program (hereinafter “CMA TIP”).

**SECTION 2. DESCRIPTION OF PROJECT**

The CMA has programmed \$ ?? of the funds available from the CMA TIP for reimbursement of eligible costs (hereinafter “CMA TIP ELIGIBLE COSTS”) related to the Project (hereinafter “PROJECT”). The CMA TIP ELIGIBLE COSTS and PROJECT are described in more detail in **Appendix A** attached hereto and incorporated herein by this reference.

**SECTION 3. REIMBURSEMENT OF FUNDS**

The SPONSOR must submit to CMA at least one request for reimbursement under this Agreement each fiscal year until reimbursement is complete, and may submit multiple such requests no more frequently than once a month. The effective date of eligibility for CMA TIP ELIGIBLE COSTS is shown in **Appendix A**. Costs incurred prior to the effective date of eligibility shown in **Appendix A** will not be eligible for reimbursement. The CMA TIP Drawdown Schedule and matching fund requirements are described in more detail in **Appendix B** attached hereto and incorporated herein by this reference. Actual CMA TIP reimbursements from CMA to SPONSOR by quarter shall not exceed the Cumulative CMA TIP Drawdown Limitations set forth in Table B1 in **Appendix B** without written approval by the Executive Director of the CMA or a designee of the Executive Director. Any reimbursement request, or portion of a reimbursement request, which exceeds the applicable Cumulative Drawdown Limitation without such prior written approval, shall be deferred until the following quarter. The SPONSOR must complete a “Request for Reimbursement of Funds” including supporting documentation for costs incurred and listed in Table A1 in **Appendix A**. If the Estimated Total Cost for a Cost Line Item listed in Table A1 in **Appendix A** exceeds the CMA TIP Not to Exceed Amount listed in Table A1 in **Appendix A** for the same Cost Line Item, supporting documentation shall be included for the total costs incurred for that Cost Line Item and shall indicate the amount of CMA TIP funding requested as reimbursement for that Cost Line Item. The supporting documentation shall segregate the costs for which reimbursements are being requested in a manner that indicates which Cost Line Item, as described in Table A1 in **Appendix A**, specific costs shall be charged against. If SPONSOR intends to request reimbursement from the CMA TIP for costs incurred as a result of a contract or agreement, SPONSOR shall submit a copy of each executed contract or agreement for which reimbursement will be requested. CMA will not approve any reimbursement for costs associated with a contract or agreement prior to receiving a copy of the executed contract or agreement. A sample form for requests for reimbursement of funds is included in **Appendix C**.

#### **SECTION 4. DOCUMENTATION OF EXPENDITURES AND STATUS OF PROJECT**

SPONSOR will submit written reports to the CMA on a quarterly basis, commencing at the end of the first calendar quarter following the execution of this Agreement, which itemize 1) the expenditure of funds on the PROJECT, 2) progress to date in the implementation of the PROJECT, and 3) projections of both expenditures and expected progress for the following quarter. A sample form for Quarterly Project Status Updates is included in **Appendix D**.

If SPONSOR intends to request reimbursement for staff costs, SPONSOR is required to maintain employee time sheets documenting hourly labor costs incurred in the implementation of the PROJECT for which reimbursement is requested, or to establish an alternative method of documenting staff costs charged to the PROJECT for which reimbursement will be requested. Any alternative method of documenting staff costs must be approved in writing by the Executive Director of the CMA or a designee of the Executive Director.

SPONSOR will, for the duration of the PROJECT and for three (3) years following completion of the PROJECT, make available to the CMA or to an independent auditor all records relating to PROJECT performance and expenses incurred in implementing the PROJECT.

#### **SECTION 5. LIMITATION OF COSTS AND COMPLIANCE WITH LAWS**

Reimbursement from CMA TIP funds for each Cost Line Item described in Table A1 in **Appendix A** shall not exceed the CMA TIP Not to Exceed amounts shown in Table A1 in **Appendix A**. SPONSOR may submit a request in writing to CMA for approval to shift funds between Cost Line Items or to add or replace Cost Line Items. Approval to shift funds between Cost Line Items or to add or replace Cost Line Items must be made in writing by the Executive Director of the CMA or a designee of the Executive Director. Any increase in the total amount of CMA TIP ELIGIBLE COSTS shall require an amendment to this AGREEMENT.

Costs for SPONSOR's staff dedicated to project management or project development work will be eligible for reimbursement. Costs for SPONSOR's management and oversight staff, such as the General Manager, Executive Director, Deputy Directors, SPONSOR's in-house counsel, and senior management staff, will be considered to be part of the SPONSOR's overhead cost and will not be eligible for reimbursement. Costs for SPONSOR's project managers in an oversight role, which are not reimbursable, are distinguished from costs for SPONSOR's staff performing project specific tasks, e.g. planning, engineering, etc. Costs for SPONSOR's staff engineers and planners performing project specific tasks are eligible for reimbursement. Reimbursement for SPONSOR staff costs may include a mark-up of the hourly wage to allow the SPONSOR to recoup direct labor costs dedicated to the PROJECT. The mark-up should not exceed 50% of the hourly wage (i.e. marked-up rate equal to 1.5 times the hourly wage). If this rate does not allow the SPONSOR to recoup direct costs dedicated to the PROJECT, the SPONSOR may submit documentation for CMA's consideration and approval. Mark-up rates in excess of 50% of the hourly wage must be approved in writing by the Executive Director of the CMA or a designee of the Executive Director.

SPONSOR agrees to award and administer the contracts for PROJECT in accordance with requirements of the Local Agency Public Construction Act, to the extent applicable, and the California Labor Code, including its prevailing wage provisions.

## **SECTION 6. SIGNAGE**

SPONSOR will include language listing the Alameda County Congestion Management Agency as a co-sponsor or funding agency on all construction signs describing the PROJECT and on all written materials that describe the PROJECT and list sponsoring or funding agencies.

## **SECTION 7. INDEMNIFICATION**

SPONSOR shall indemnify, protect, defend and hold harmless CMA, its officers, employees, agents, representatives, and successors-in-interest against any and all claims, suits or actions resulting from the negligent or reckless performance by SPONSOR of its duties under the Agreement. CMA shall indemnify, protect, defend and hold harmless SPONSOR, its officers, employees, agents, representatives, and successors-in-interest against any and all claims, suits or actions resulting from the negligent or reckless performance by CMA of its duties under this Agreement.

## **SECTION 8. NONDISCRIMINATION**

During the performance of services under this Agreement, SPONSOR and all consultants paid with funds governed by this Agreement ("Consultants") shall not discriminate against any persons or group of persons on the grounds of race, religious creed, color, national origin, age, ancestry, physical disability, medical condition, marital status, sex, sexual orientation, Vietnam Era Veteran's status, political affiliation or any other non-merit factor. SPONSOR will comply with all applicable provisions of Executive Order 11246 as amended by Executive Order 11375 and as supplemented by Department of Labor regulations. It is SPONSOR's policy and practice to assure equal opportunity and to further ensure that applicants are employed, and that employees are treated during their employment without regard to their race, religion, sex, color or national origin.

It is the policy of CMA to ensure nondiscrimination in the award and administration of Federal and state assisted contracts and to create a level playing field on which disadvantaged business enterprises, as defined in 49 C.F.R. Part 26, can compete fairly for contracts and subcontracts relating to CMA's procurement and professional services activities. In connection with the performance of this Agreement, SPONSOR will cooperate with CMA in meeting these commitments and objectives.

SPONSOR agrees to comply with all the requirements imposed by Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 (d)) and the regulations of the Department of Transportation issued thereunder (49 C.F.R. Part 21).

## SECTION 9. AMENDMENTS

Amendments to this Agreement, including modifications to the PROJECT, will only be effective if they are made in writing and signed by both parties.

ALAMEDA COUNTY CONGESTION  
MANAGEMENT AGENCY

SPONSOR

By: \_\_\_\_\_

Name: Dennis R. Fay

Title: Executive Director

Date: \_\_\_\_\_

Approved as to Form and Legality:

By: \_\_\_\_\_

Wendel, Rosen, Black & Dean, LLP

Legal Counsel to CMA

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form and Legality:

By: \_\_\_\_\_

## APPENDIX A PROJECT DESCRIPTION AND SCHEDULE

**Project Sponsor:**

**Project Title:**

**Project Description:**

PROJECT consists of

### **CMA TIP ELIGIBLE COSTS:**

CMA TIP ELIGIBLE COSTS shall consist of costs resulting directly from the eligible activities described in the "Cost Line Items" shown in Table A1 below. The CMA TIP Not to Exceed Amounts shown in Table A1 represent the maximum amount of CMA TIP funds available for reimbursement of costs resulting from the corresponding eligible activity or set of activities for the Cost Line Item indicated. The Estimated Total Cost (All Funds) shown in Table A1 represents the estimated total costs for the corresponding eligible activity or set of activities for all fund sources contributing to those costs. The CMA TIP ELIGIBLE COSTS shall be segregated by Cost Line Item and Project Phase. If SPONSOR intends to request reimbursement for agency staff time, such costs shall be segregated into Cost Line Items in the appropriate phase which include only agency staff time. Miscellaneous and incidental costs may be combined on a single Cost Line Item in a given phase. Costs anticipated from contracts or agreements in excess of \$5,000 for which reimbursement will be requested must be shown in Table A1 on a separate Cost Line Item for each contract or agreement. If, at the time this AGREEMENT is executed, the number of contracts or agreements to be entered into for a particular phase is not known, Table A1 will be revised in accordance with the provisions set forth in Section 5 of this AGREEMENT.

**Table A1: CMA TIP ELIGIBLE COSTS**

<b>Cost Line Item No.</b>	<b>Project Phase</b>	<b>Description of eligible activity(ies) for this Cost Line Item</b>	<b>CMA TIP Not to Exceed Amount for this Cost Line Item</b>	<b>Estimated Total Cost (All Funds) for this Cost Line Item</b>
<b>Totals</b>				

### **PROJECT Milestone Schedule:**

<b>Milestone</b>	<b>Scheduled Date (Mo/Yr) or Actual Date (Mo/Dy/Yr)</b>
Environmental Approvals	
CEQA	
NEPA	
Begin PS&E	
Final PS&E	

Right of Way Certification	
Advertise for Bids – Construction	
Award Construction Contract	
Accept Construction Contract	
Final Invoice/Project Closeout Complete	

**Effective Date of Eligibility for CMA TIP ELIGIBLE COSTS:**

CMA TIP ELIGIBLE COSTS incurred prior to \_\_\_\_\_ will not be eligible for reimbursement.

SAMPLE

**APPENDIX B**  
**CMA TIP DRAWDOWN SCHEDULE AND MATCHING FUND REQUIREMENTS**

**Project Sponsor:**

**Project Title:**

**CMA TIP Drawdown Schedule:**

Actual CMA TIP reimbursements from CMA to SPONSOR by quarter shall not exceed the Cumulative Drawdown Limitations set forth in the table below without written approval by the Executive Director of the CMA or a designee of the Executive Director. Any portion of a reimbursement request, which exceeds the applicable Cumulative Drawdown Limitation without such prior written approval, shall be deferred until the following quarter.

<b>Table B1: Cumulative CMA TIP Drawdown Limitations</b>			
<b>Fiscal Year<sup>1</sup></b>	<b>Qtr<sup>2</sup></b>	<b>Quarterly CMA TIP Drawdown Amount ( \$ x 1,000 )</b>	<b>Cumulative CMA TIP Drawdown Limitation ( \$ x 1,000 )</b>
<b>Total</b>			
<sup>1</sup> Fiscal Year 04/05 = 7/1/04 – 6/30/05			
<sup>2</sup> Qtr 1 = 7/1 – 9/30; QTR 2 = 10/1 – 12/31; Qtr 3 = 1/1 – 3/31; and Qtr 4 = 4/1 – 6/30			

**Matching Fund Requirements:**

There are no matching fund requirements for the CMA TIP ELIGIBLE COSTS.

## APPENDIX C

### REQUEST FOR REIMBURSEMENT OF FUNDS

#### SAMPLE FORM

(Submit Requests on SPONSOR letterhead)

Project SPONSOR: \_\_\_\_\_

Project Title: \_\_\_\_\_

CMA TIP Project No: \_\_\_\_\_

Total CMA TIP funds programmed to the PROJECT: \$ \_\_\_\_\_

Total of previous reimbursement requests: \$ \_\_\_\_\_

Balance available for this request: \$ \_\_\_\_\_

Amount of this Request \*: \$ \_\_\_\_\_

\* Supporting documentation must be submitted for expenditures to be reimbursed. Copies of executed contracts or agreements for which reimbursement is requested must be submitted prior to CMA approval of reimbursement. Costs should be segregated by the Cost Line Items shown in Table A1 in **Appendix A**. If there are matching fund requirements stipulated in **Appendix B**, supporting documentation is required for both costs to be reimbursed by the CMA TIP and costs to be funded by matching funds.

To the best of my knowledge, the above information is true and correct and I am authorized to request this reimbursement of funds.

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments



**APPENDIX D**  
**CMA TIP QUARTERLY PROJECT STATUS REPORT**  
**SAMPLE FORM**  
*Instructions in Italics*

**Project Sponsor:** *Provide name of project sponsor.*

**Project Title:** *Provide project title.*

**CMA TIP Proj. No.** *Provide CMA TIP project number from agreement.*

**Project Description:** *Provide current project description including limits of work for each facility involved in project. If no change from agreement or most recent amendment, provide statement confirming no change.*

**PROJECT STATUS:**

*Provide a description of the progress to date in the implementation of the project.*

**ACTIVITIES THIS QUARTER:**

*Provide a description of project related activities which occurred during the quarter preceding this status report, including activities resulting in CMA TIP Eligible Costs.*

**ACTIVITIES PLANNED FOR NEXT QUARTER:**

*Provide a description of project related activities planned for the quarter following this status report, including activities expected to result in CMA TIP Eligible Costs.*

**TOTAL PROJECT COSTS / CMA TIP ELIGIBLE COSTS:**

*Provide a summary of total project costs incurred to date and list all funds sources used to cover those costs including CMA TIP. The summary of costs and funding should include subtotals for each phase.*

**PROJECT MILESTONE SCHEDULE:**

*Update the following Milestone Schedule from the CMA TIP Funding Agreement.*

<b>Milestone</b>	<b>Date from Agreement or most recent Amendment (Mo/Yr)</b>	<b>Current Schedule Date (Mo/Yr) or Actual Date (Mo/Dy/Yr)</b>
Environmental Approvals		
CEQA		
NEPA		
Final PS&E		
Right of Way Certification		
Advertise Construction		
Complete Construction		

Report Prepared By: Provide name of preparer

Date: Date of Report